

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | SM | | 88-11-81 |
| O.I.P.E. CLASSIFIER | ASD | | 8/29/01 |
| FORMALITY REVIEW | EL | 503 | 9/19 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here